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Bridging Art-Therapy and NVR: The Ramla Model for domestic resistance to violence, forming a resistance laboratory.

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Abstract

After two decades of using traditional methods of art therapy to try to help children who suffer from severe mental and behavioral problems, the author concludes that the results are not sufficient. The possibility of expanding the treatment portfolio to include NVR (nonviolent resistance to violence) theory and techniques is explored. This paved the way to establish a 'resistance laboratory': an integration of NVR and art-therapy, which allows parents and children to experience a shared positive interaction within one session. Thereafter, most parents gain the ability to resist their own fears and cope with the aggressive child behavior. As a result, the child experiences a boost in her sense of both safety and wellbeing. This often has a positive effect on the siblings. The intense balanced combination of NVR and art-therapy increased the chances of successful treatment outcomes.

Keywords

art-therapy, NVR, resistance-laboratory, parental-presence.

Introduction

After years of work with children and their families, the art therapy team in the Center for Early Childhood development in Ramla, developed a working model, which is an extension of Nonviolent Resistance Techniques (NVR). Nonviolent Resistance theory and methods, based on Mahatma Gandhi's ideas and achievement, were further developed and formulated by Professor Omer in Israel. Gandhi, considered a founder of the nonviolence movement, spread the concept through his movements and writings, which then inspired other nonviolent activists. In March 1930, he invented the modern form of nonviolent resistance when he led a crowd across India to make salt from seawater. In the 1960s, Martin Luther King led a nonviolent resistance in the Southern United States. Professor Haim Omer (2001), used these ideas and developed a new approach, which has been specifically developed for responding effectively to aggressive, violent, self-destructive and controlling behavior in children, adolescents and young adults

NVR is used now all over the world by therapists, teachers and parents in order to reduce domestic violence of children against parents, teachers, siblings or group members in school. The work is based on two ideas: first, the idea that when a child feels stronger than parents, he does not feel protected anymore and loses the support he needs for his proper mental development. The second idea emphasizes a strong resistance to violence without being violent in return and hit back by severe punishment, threats etc.

As art therapists working with the usual art therapy methods, we used art as a basic mode of communication and we were led by the British Association of Art Therapists (BAAT) definition: 'The relationship between the therapist and the client is of central importance' (Case & Dalley, 2014, p. 1). We focused on the art process and saw the importance of the therapeutic relationship. But, as the number of requests for therapy from families whose children suffer from severe behavioral problems gradually increased, it was felt that the traditional art therapy approach might not be enough.

The usual art therapy process 'begin[s] with the triangular relationship between the client, the art therapist and the art-making process and product, which is elementary in any art therapy setting' (Haiblum-Itskovitch, Czamanski-Cohen, & Galili, 2018, p. 2). However, relying on the art process and the projection of the child's feelings through art materials were not enough when working with reduction of anxiety and violence. According to our observations, two components are missing from the traditional art therapy method. First, the traditional art therapy methods used in schools, kindergartens and some private and public clinics, all over Israel, often closes the door, metaphorically and literally, on anything but the child's inner emotions. The therapist does not always see the significance of other aspects of the child's personality – like self-restriction, or the ability to acknowledge other people's feelings. When we consider the child only from the perspective of his own feelings, it is as if the child operated in the dark, without a guiding signal or 'lighthouse', as Lwow and Elkayam (2017) described it, to lead the way for him. Neglecting to consider the child's interactions within his social context will cause a major component of his mental development to be missing, namely the ability to relate in an appropriate way to other people (Benjamin, 1988). Second, traditional art therapy is usually a long-term process and we eventually understood that we should offer short-

term therapy whenever possible, since every month in the life of a suffering child is crucial, especially if violent behavior accelerates. A crisis may develop and increasing undesirable patterns will be harder to change the longer they continue. These blind spots, as we saw them, of traditional art therapy methods, namely the tendency to overlook the importance of the child's social context and the generally longer treatment periods, were the main triggers that led us to add Nonviolent Resistance (NVR) methods to our work and eventually to the development of the Ramla Model.

Research shows that a strong parental presence in the family is essential to the healthy mental development of children (Omer, 1999). When confronting a child's violence, parents sometimes use one of two reactions: either they give up and surrender to the child's demands, or they retaliate aggressively to achieve control over the violent young person. Both reactions may relay to the child the impression of the parents' weakness and transfer a message of 'I am not able to stand firm. You, the child, have power over me'. Therefore, the child is unable to recognize his parent as an anchor, someone he can trust and rely on (Omer, 1999; Omer, Steinmetz, Carthy, & von Schlippe, 2013).

NVR works to change those reactions. When practicing NVR methods parents learn to control themselves to avoid reacting impulsively and accelerate violence. Looking for better ways to practice NVR ideas in conjunction with art therapy, parental training and art therapy were combined by working with child and parents in the same session. Inviting children and parents together to the same session helps parents learn how to cope with their fears and experience nonviolent responses to violence in a type of 'resistance lab'. This may improve and shorten the therapeutic process and form a new efficient therapeutic model.

Developing the Ramla model included the following new ideas about the use of art in the session. Firstly, minimizing the quantity and variety of art materials (instead of allowing unlimited amounts of materials) supports the need to help the child develop self-control and therefore will be one of the links between art therapy and NVR. Secondly, minimizing the variety and quantity of materials leads the child to a deeper, more meaningful work. Thirdly, different interventions (instead of enabling any art expression) in the art process lead to deeper art- work, developing self-control and a better perception of reality.

The Ramla Integrated Model

According to NVR, problems originating from a lack of a firm parental presence can be solved by improving the parents' position; therefore, working with parents is crucial. Once the parents' attitude has been altered, the child will begin to change his reactions, and the level of violence will be reduced. The NVR method suggests working with parents, giving them guidance and advice and, if necessary, the child invited to individual therapy (Nahum, 2018). While looking for a more efficient way to help parents practice resistance, and acknowledging the fact that helpless parents often accommodate themselves to the child's needs and gradually become unable to resist the child's control over them (Lebowitz, Marin, Martino, Shimshoni, & Silverman, 2019; Lebowitz, Omer, Hermes, & Scahill, 2014; Lebowitz & Omer, 2013) we found that working with the child and parent together is more advantageous.

Most of the parents we see are unable to withstand a child's attack. They do not believe they can stop the shouting/crying/threats without reacting in one of two ways: either by surrendering to his demands, or attacking him back in order to stop the crying, etc. They feel the child cannot cope with his anger on his own and are sure something bad will happen if they do not help him overcome his discomfort and return to a calmer state.

In the integrated session we offer a 'resistance laboratory'. Children and parents are invited into the room to sit together around the table. Art materials are placed on the table and the child is invited to work while a conversation between parents and therapist takes place. Parents learn how to survive the anxiety they feel when facing an angry child, through two techniques. First, the therapist does the modeling: In the beginning of the therapeutic process the parents are weak and unable to resist. They have the long-term experience of either giving in to violence or aggressively trying to control the violent young person. The parent is a captive of his own habits and is not able to use new methods. Therefore, in the beginning, the therapist needs to ask parents to only observe while she/he does the modeling for them. Second, the therapist uses methods of intensive mirroring (Ginot, 1969). If necessary, she forbids violent actions such as throwing things, trying to hit the parent, etc., otherwise she only mirrors. If it's verbal abuse, again, she only mirrors. The therapist shows the parent how she reacts. She mirrors everything the child says or does (pushing his chair/turning his back/refusing to

work with art materials) and then returns to the talk with the parents. She shows them how to avoid a discussion about the undesirable act, teaching them the way to prevent escalation. Mirroring works in two ways; giving the child the feeling that whatever emotions he expresses (via words, gestures, or abstention), will be recognized and helping the therapist regain and build self-control.

Everything a child says or does usually consists of two components. The first component is made up of emotions with which one cannot argue. One cannot tell the child not to feel the way he feels. That is why we use mirroring – to acknowledge feelings. The second component is meant to check the stability of rules. This is about testing the parent/teacher's standpoint to see if it is strong enough. Mirroring is used for this as well. Before a quick, impulsive response is given to the child, we first repeat in our own words what we have heard from him. We give him the impression that his feelings are well recognized, but we also assure him of a strong presence of an adult he can trust. This is a good basis for our next step: stating resistance to violence. Accepting his feelings will ease the way to accepting our rejection of violence.

The child might express anger or frustration, but parents are not allowed to help. Since they are not allowed to rescue their child, they watch him gradually succeeding by himself. Thanks to the way the therapist contains the child, parents gradually feel they can trust her to do the work, until they will be capable of following her modeling and practice nonviolent resistance. For the parents, this may be the first time in their lives, that they experience and practice an ability to silently resist the violence.

Moreover, thanks to the way the therapist shows that she is with them, the parents survive the child's temper tantrum and watch him overcome it with his own resources. At the same time, the child also has an opportunity to experience something new. He overcomes his anger without any of the usual responses: his parents/teacher/older sister yielding to him, or by being threatened by shouting/punishment, he is forced to stop his violent impulses. Possibly for the first time in his life, he experiences his parents containing his anger via the therapist's help. Thus, he gradually learns to overcome the anxiety that often leads him to seek control via violence.

Two therapeutic sessions combined into one

An imaginary line is drawn upon the table around which the child, the parents and the therapist are seated. This imaginary line divides the session into two and the therapist zigzags between them.

Session 1: Therapist and Child

Therapist and child work together through art in order to let the child express herself. The therapist mirrors whatever the child draws, her angry remarks, her gestures, or her refusal to work with art. The therapist does not allow the child to ask her parents for help, or to interrupt the parents while they are talking. She can only turn to the therapist with questions, objections or protests. This is clearly stated. The therapist explains to the parents that she is going to prevent any interruption from the child: "You came here today in order to talk seriously about the situation at home. I want you to be free to think together with me about our plans. That is why I will do my best not to let the child interfere." She does this in order to restore the parents' natural place as leaders of the family, the stable figures of authority, whose strength the child can rely on. NVR usually works with just the parents but here the work is done in the presence of the child. The therapist asks the parents to try and restrain themselves and not give the child any help or advice as to how to solve problems with art materials. If the child says she doesn't know what to create with the materials, the parents should not interfere and give any suggestions. The therapist says: "Please trust me. I will give her any help she needs, and she will express herself via art materials while we talk."

Three important points are emphasized here. First, in order to reduce the child's anxiety, parental presence and strength should be restored. Here we take the first step of rebuilding the broken family hierarchy, by emphasizing the parents' place, as different and being above that of the child. Second, NVR recommends building a support group around the violent young person and his family. When parents no longer feel alone, they are more easily able to adapt methods of self-control and successfully face violence. Here the therapist places herself as the first supporter of the parents. She indicates that the parents are important, the child is not allowed to disturb them, and they are no longer alone. Third, the child might be incited into anger. She is used to being able to interrupt her parents whenever she wants, expecting them to provide solutions to any of her problems. When this is not permitted, her anger might erupt and

at this point the therapist can really begin working. An explanation describing the therapeutic advantage of provoking anger and frustration will follow.

Session 2: Therapist and Parents – confront fear

The parents and the therapist discuss in detail the child's activities at home and in school while the child is listening. This is the first step of talking openly about the child's aggressive behavior, of removing the shroud of secrecy from the violence (Omer, 2015). From time to time the therapist interrupts the conversation and turns to mirror the child's activity. If the child is already throwing a temper tantrum, the therapist will do her best to continue talking with the parents while recognizing the child's emotions. She might say to the child: "I understand that you are very angry because your mother just spoke about you hitting another girl." The child's angry feelings are acknowledged, but by no means is she to receive help in order to overcome her anger. The only help she receives is accepting her feelings by mirroring. This is done in order to demonstrate to the parents how to work under the assumption that she can survive her temper tantrum on her own. The inner storm of fear that parents feel, will gradually settle with the external appearance of calmness, once the parent exercises methods of self-control (Omer, 2011).

It is obvious that at this moment no parent really believes that he can contain his child's anger without somehow trying to help. The parent is terrified and wants to help the child, to prevent catastrophe. The therapist checks with the parents to see how they feel. She might say: "Can you survive this another three minute?" She explains the situation clearly: the child is going – maybe for the first time in her life – through a challenging situation. She is used to an immediate answer to her demands and if her demands are not answered right away, she will resort to crying/shouting/hitting. The child was 'trained' to believe that she cannot do without her parents rescuing her from frustration. Here she must trust her own resources. Naturally she will object. She will try to activate the situation as she has learned to do, accelerate violence and eventually make her parents yield to her violence (or attack back in order to stop the aggressive behavior). Explaining to parents about the natural reaction of any child when confronted with a situation where his parents speak openly about his behaviour might help parents feel more relaxed. It will enable them to cope with their fear of their child's anger and help them contain their feelings and the child's.

Parents tell the therapist about every single violent act of the child in her presence

NVR suggests expanding the number of witnesses to violence. Once the violence is known to a large group of supporters, the process of minimizing it and eventually stopping it will begin. Violence thrives on secrecy and exposing it to supporters outside the nuclear family is a basic step to reduce it (Omer, 2004).

The Ramla Model follows the NVR method and takes it one step further in two aspects. First, abandoning the secrecy of the violence: by exposing the child to an open discussion about his harmful acts, we take the first step in showing him that we will no longer take part in keeping his violent acts a secret. Later, the larger system (the extended family, friends and relatives) will be informed and learn how to support the parents in a non-criticizing way (Jakob, 2018). This will be done at a later stage in the therapeutic process. Second, we use the open discussion of violent acts in order to arouse the child's inner anger and begin working with it. I have often been asked by parents and professionals: when you speak openly with parents about everything the child does at home, are you not afraid of offending the child's feelings? Is it safe to talk about his deeds openly when he is present? This is a natural question and it reveals the fear I mentioned above: the fear of the child's reaction. In general, art therapists do not deal with the child's violent deeds. The usual art therapy session is meant to contain the child, to accept him, while he expresses his feelings.

According to usual methods of art therapy, therapeutic work is done from the inside outwards, and is meant for inner motives to be understood by therapist and patient. This is of course relevant to our work, but we disagree with the idea of the closed triangle of client-therapist-artwork. NVR works with the outer components around the child, their influence on his mental development, and the way changes in these components can improve the child's feelings. When there is no mention of the child's violence in the room, nothing will provoke him into anger. Since we work as a resistance lab, we should not avoid expressions of anger. We want to see the child's anger in the room so that we can start working with it: mirror it and model for the parent to show how we react in the

NVR way. Allowing the child to practice his ability to overcome frustration and allowing the parents to practice their ability to let the child cope on his own.

Parents are used to keeping silent about their child's deeds. Parents tend to keep violence secret so that it will not be known to relatives and neighbours. They are afraid of being criticized and labeled as bad parents. The usual method employed to diminish those fears, to help parents overcome them and launch into building a support group, is done by talking to the parents separately without the child. Parents are given an explanation about how avoiding secrecy of acts of violence and telling more people about them should strengthen them in the struggle against it. According to the Ramla Model, parents practice nonviolent resistance methods in the child's presence. In the first evaluation meeting, with the parents alone, we describe how the next meeting, when the child is also invited, is going to look. We tell the parents it is going to be a challenge; the child might not like us talking about what she does at home and in school. She might burst out in anger. The therapist checks with the parents: "Will you be able to stand it? I will support you, and I will support the child."

Building a bond between therapist and child

The common routine of art therapy suggests that eight to ten sessions should be devoted to creating trust before therapeutic work can really begin. We are often asked how we can begin working without allowing these bond-creating sessions. We suggest that there is more than one way to create this bond. While other clinical methods insist on containing the child, giving him the feeling that he is being unconditionally accepted in order to build his trust, we do that but also restrict part of his activity and intensively enforce certain rules in order to trigger an angry response. While this is done, we stand firmly opposite his indignation. The child gradually begins to experience an adult that is not weakened by his anger, someone he can trust not to cave-in under his aggressively expressed emotions.

Expression and regulation: Art as a co-therapist; Art materials in use, to express feelings and at the same time used as an aid in order to set limits; Setting limits naturally causes anger/frustration

In the process of developing the Ramla Model, we understood that our task as therapists has changed over the years. In the past, it was clear that therapy had to

function to open the child. Professionals thought it necessary to let the child change from reticence to externalization. Inhibition was considered a preventer of healthy mental development. We found that this is no longer relevant. Today the average child suffers from lack of self-restriction and is unable to tolerate everyday challenging situations. Therefore, apparently, our main mission is to recollect the child's abilities, to reframe his self-control, to help him rebuild his disorganized feelings (Blank & Fuchs-Shabtai, 2014). Research tells us that using art materials can also promote self-regulation. When a child works with art materials, he decides what material he will select, which technique he will use and which of his inner subjects he will eventually express. This process enhances his power to link between emotions and their actual expression and allows him to practice his ability to make decisions and act upon them (Foster, 1992; Moon, 2010). In other words, the art-making process enables self-expression, and at the same time helps the child develop a better sense of responsibility, a better conception of reality, and hopefully, these will lead to an improved perception of his place in the family hierarchy.

In order to do that, we should try to build a frame of borders, together with the help of art materials, around the child in the session. Framing intensive borders has two results. First, the child is faced with reality. In real life, parents will not be able to prevent all the obstacles the child will face. He is going to experience many challenging situations and will not be able to cope with them if his parents have shielded him from them. Therefore, the therapist, while creating conditions for self-expression, must also create proper conditions for the child to practice self-regulation, self-control. The main purpose of our work is to bring about change: from being helpless without his parents accommodating him, unable to survive his anger by himself, into a new life, where he experiences anger but does not break up into pieces. Second, the quality of the art-making process and of the final product will develop into a deeper level of expression. Expression via art materials can sometimes blind the therapist's eye. Using a variety of materials, in gross quantity, may be accepted by the therapist as a rich deep expression of emotions. This is not always true: the child might be deceiving the therapist. She can produce large, colorful work, while an experienced eye will discover that she was only producing what she suspected the therapist wanted. Real authentic work might emerge only by ruling out all possibilities of 'fake' work (Kramer, 1971).

Haiblum-Itskovitch, Czamanski-Cohen and Galili (2018) say that the idea of art therapy is to express oneself via art materials while the therapist contains the patient and the level of emotional expression differs according to the fluidity of the material in use. We found out that the more fluid the material the emotion will be better expressed. Snir & Regev (2013) discuss the quality of gouache paint as a material that can bring the patient to emotional awakening and even regression. Do we really want to encourage a high level of regressive engagement? We discovered that what looks like a fluent arousal of emotion might deceive the therapist and regressive engagement might not be desirable.

Since we want, in parallel with expression, to rearrange inner dismantled parts and develop self-control, we need to examine the nature of the material we use. Influence of art materials on the child's self-regulation, while expressing and processing emotions, must be checked. There is no doubt that at first these two goals: expressing feelings and building self-regulations, sound contrary. But thorough examination will lead to the conclusion that some materials, used in small quantities, and subject to certain restrictions in use, might successfully lead to these two goals.

Therefore, we minimized the quantity and variety of materials, and in order to facilitate the rebuilding of self-regulation, we preferred materials that require the user to pre-plan before initiating work. We do not recommend using gouache paints, clay, etc. Materials like plasticine or oil pastels demand more planning before the child begins his artwork. Oil pastels promote expression, spread nicely and are easy to mix. Therefore, they are a good tool for the child to express emotions with, but they also encourage self-regulation (Hinz, 2009; Moon, 2010). Snir & Regev (2013) suggest that while oil pastel allows ample self-expression, it also gives the user the opportunity to practice planning and self-control. Plasticine needs to be softened before working with, and if the results are unsatisfactory, they can easily be changed, whereas working with gouache makes it much harder to change what is already done. Working with materials which achieve quick and easy results is not desirable. We prefer slow, planned work that enables the child to look inside himself and make the true connection between his feelings and the materials.

We also use methods of slowing or even stopping the process of artmaking, to make sure it is genuine and expresses authentic feelings. For example, when we start a new session and the child asks for a new sheet of paper or cardboard, the therapist may refuse. She might say: "I understand you want to start something new...but thinking about your work last week, I remember you drew two children and a tree, you painted the tree green and there is a path painted in blue. I was wondering where this path leads to." In other words, the therapist mirrors the previous work in detail and may pose an innocent comment reflecting what she saw in the artwork. This will assure the child that the therapist is striving for understanding as much as he is (Winnicott, 1971). Allowing the child to experience the therapist as wandering in the dark, not knowing and looking for answers just as he is, might help to lead the way to stop him from leaving his previous work.

The child's work in the previous session may contain meaningful self-insights. They might have been the first signal and indication of feelings he has just begun to express. A troubled child might not want to return to this first signal. This is only natural. Since we are interested in building up self-regulation, reorganizing disassembled self, we must try to slow the child down to reconsider his previous work.

These methods lead to the intensifying of the art process and more importantly the possibility of provoking anger. By refusing a new piece of paper, we evoke the use of the 'restrain muscle'. We touch the hard core of the pain connected to mental disability to restrain. This 'muscle' has long been neglected and gone into atrophy. A muscle that has not been used is going to hurt when the practice restarts. It was not used enough, due to parents not allowing its use. Now it is provoked into use and when this happens, the therapist can see the child's inner depth of anger and fear and she is able to mirror it. She can start working with underlying layers of long covered frustration.

Two additional methods of intervention

First, stop the child from working if we feel it is done in a placated manner, if we realize the artwork is about denying feelings. For example, when we see the child is quickly grabbing some paint, and we feel there was no time for considering the connection between emotions and materials. Again, we aim at two goals: striving for deep expression and provoking frustration in order to be able to start working with the

restrained muscle, with the agony the child might feel when layers of protection are going to be lifted off his fears.

Second, if the therapist senses that the artwork is straying from a good perception of reality – she might stop the child from working. Again, the therapist would mirror in detail what the child has created so far and again the therapist might add a naïve, simple comment, for example – when looking at a drawing where some figures are in the air: "as far as I know, people are always standing on something, they are never in the air": or, looking at a drawing where cars are drawn in the upper part of the paper, she might say: "but usually cars never go in the sky" (never a question like: "why did you draw this?"). Artwork should be left alone to imagination of course, and art therapy is about free expression. But, our contemporary mission as therapists is to reorganize a dismantled inner world (while at the same time allowing self-expression!). We realized that we should be on guard and watch for moments of breakthrough of the borders of reality.

Art is like a co-therapist in the session. While the therapist works with the child and his family, in order to help the child achieve a better level of mental and behavioral functioning, the art simultaneously works for the same goal.

A case- study: Three aspects dealt with simultaneously

Ella, a secretary, and David, a quality auditor, brought their younger son, Dani, age 8, to therapy. Dani has a sister, Yana, age 10, and a brother, Gil, age 12. Gil was diagnosed when in kindergarten, as suffering from autism. Partly due to the guidance his parents received when he was diagnosed, they became protective, unable to trust Gil to cope by himself by underestimating his abilities. As a result, Gil grew up unable to experience a strong parental presence, which eventually made him unable to take responsibility for his needs.

On the other hand, sensing Gil's disadvantages, due to his difficulties in social communication, both his younger siblings placed themselves above him in the family hierarchy. Dani hit him daily, and both Yana and Dani disobeyed him when parents were not at home and Gil was supposed to be in charge. The general atmosphere of the family was of continuing violence. All three children disobeyed their parents' rules

concerning bedtime, meals, school homework and domestic help. Severe fights between the three children occurred daily. The parents responded by shouting, threatening and other impulsive, inefficient reactions.

Dani's developmental history had every ingredient to make his mother worried about him: the pregnancy was of high risk and Dani was born by Cesarean section. As often happens when parents are exposed to great concern about their child's life, Ella started motherhood from a very low point, unable to restrict him in fear of him responding by crying. Frequent arguments between the parents added to Dani's impression of overpowering them and increased his sense of self-power, making him feel like he has no one to rely on.

He used to call himself "Dani the king" and to say to his mother: "you are my servant". When he and his siblings are alone in the house – between returning from school and the time the parents come home from work – he calls his mother at work whenever there is a quarrel between him and his older brother. This is most annoying for the mother and interrupts her work. Dani used to wet his bed almost every night and the mother needs to change his bed clothes every day. A few weeks before starting therapy, Dani was found peeing from the family balcony towards the neighbor's house. On top of everything, a year before therapy started, Dani, amidst making a lot of trouble in class, complained to the teachers that his parents hit him. School could not avoid informing police and welfare services and the family was referred to therapy. Naturally, this crisis greatly weakened parental presence.

It was mid-May when parents turned to therapy, and I was going on a long vacation at the beginning of July. Our work model is designed for short term, and we also do some consultation between sessions, by phone or messages. Parents are invited to call the therapist and get online advice whenever they need. In this way, although only five sessions of face-to-face therapy were held in this particular case, we were able to complete the necessary work. Three processes occurred simultaneously during therapy.

Firstly, I helped the parents rebuild and strengthen their presence in the family. I conversed with the parents about Dani's violent actions and emphasized my disapproval of his aggressive acts. Naturally Dani tried to interfere, claiming his

righteousness. I summarized what he said and reminded him firmly that he can only interrupt me and not his parents. Any objection that he might have should be aimed at me and not his parents. I said: "I see, you say you did not do it...it was somebody else's fault and you are cross with us because we are speaking about what you did", and turned back to my conversation with the parents.

Secondly, I dealt with Dani's place in the family. Apart from the need to deal with the relationship between him and his parents, there was a need to deal with the way he saw his siblings. Even though both are older than him, Dani felt that he was their equal or even above them. Thanks to his special place in the family, he did not accept himself as the younger brother. When we strive to increase parental presence in order to allow healthy mental development of the child, rebuilding the family hierarchy naturally supports the process. When sibling hierarchy is strengthened, the younger brother gradually accepts his proper place. Realizing that he is under the firm, stable, protecting wing of an older brother will support his acceptance of his parents strong, guarding standpoint. I forbade any remark Dani was going to say about his brother. For example: when the parents and I discussed Dani's disobedience to Gil, Dani wanted to reinforce his arguments. I mirrored his words and immediately returned to my conversation with the parents, leaving him very unsatisfied, since he did not receive what he wanted: full attention to his claims. Mirroring that, I called his parents' attention to the fact that Dani was unable to accept Gil's position as an experienced older brother and was fighting for an upper position in the family.

Thirdly, an additional task was to deal with the way both Yana and Gil were fighting against parental authority, both disobeying the family rules and trying to put themselves above their parents. The parents were given an explanation as to the general way in which children raised without strong parental presence might seek control over parents in order to reduce anxiety and I pointed out the consequences of such conditions.

As I described above, expression via art is not enough for an efficient therapeutic process. Our main mission is to allow parents to develop their ability to stand firm and deal with fear, and let the child develop his ability to stand frustration. Simultaneously the artwork offers the child an opportunity to express herself. What is important concerning the artwork is the 'conversation' between the child and his art. There is a

limited importance whether the therapist fully understands the meaning of the work. His task is to lead the child to an authentic work with a good connection between the inner world and the expression by colors and shapes. The following description of the artwork of the three children should be read bearing this in mind.

Dani's artwork was simple and not very well organized considering his age and his high-level of perception. He worked clumsily with plasticine, producing rough figures. The figures did not stand properly and were flying in the air. The picture frame – blue sky and yellow earth, was also made roughly and remained unfinished (see fig. 1). Although working roughly, he was quite absorbed in his work, and continued with it from session to session.



Figure 1. Dani's work

Gil and Yana were also quite absorbed in their work, for a while. They worked with plasticine on cardboard, both created a basis of brown earth, green grass above it, and

the rest of the cardboard was covered blue for sky, with big snowflakes scattered on the page. In Yana's picture there were three well designed children, and she smeared the blue plasticine around them quite neatly. She also made three suns, one red, sticking out impressively and the other two, pale with distinctive facial features (see fig. 2). Gil's work had no human figures (see fig. 3). It wasn't clear who was following the other, Yana or Gil. Both drawings had a similarity, but each kept his own style. The therapy lasted for five intense sessions. Dani continued developing his artwork and was busy with this throughout all five sessions, while his siblings changed their work in the first two sessions into a refusal to continue to work. Trying not to let them cut the continuity from session to session, I refused demands for new cardboard, mirrored continually and in detail their artwork and their refusal to continue with it.



Figure 2. Gil's work



Figure 3. Yana's work

At the end of each session, I asked the children if they could describe the way they felt throughout the session. This is done for two reasons. First, to allow the child another 'mirror' of his feelings. Working with art materials is one way to allow mirroring of emotions. Phrasing in words the fuzzy inside world is another way to help the child acknowledge his own feelings. The work method described here avoids direct questions such as: tell me what you feel about/ who this figure you drew reminds you of/ is this you in the picture? We are satisfied with knowing that the art-work process alone gives the child the mirror he needs, the ability to introduce himself to his unmet emotions. But we do use this last saying: "before we say goodbye, if you can, say something to define what you felt through the session." In order to give the child another opportunity to have his feelings mirrored. If it is difficult for the child to answer we would suggest a list of words that he can choose (good, bad, frustrating, embarrassing, annoying etc.)

Second, to give the child another opportunity to experience the therapist (who is now lending himself to parents, modeling for them) as firm and stable. In other words: let him feel a strong presence of an adult. However harsh his description of the way he felt will be, the therapist just summarizes his words.

At the end of the third session Gil answered my question with: "bad" and Dani said: "strange". Yana said: "I have nothing to say", to which I responded: "I understand you do not want to share your feelings with me". I pointed out to the parents that this might be showing Yana's need for control. When making a comment like this to parents it would be best to add something like: "it is only natural, and so many children react like that when asked about their feelings." It is essential for this kind of therapy that parents will not feel criticized. They often come to therapy with a lot of experience of being despised because of their inefficient parenthood. When they are told that their daughter's reaction is only common it will be easier to encourage them into restoring their value as parents. At the end of session four, Gil said: "you hurt me", Yana: "you are weird and mean", Dani said: "I felt all right". At the fifth and last session Gil said: "it was the first time I enjoyed our meeting". This was apparently due to my efforts to rebuild the family hierarchy and prevent Dani from taking over Gil's place as an older brother. Yana concluded: "I am angry" and Dani: "average, not good not bad".

Discussion

The clinical case study described above shows different ways of resistance to violence, some of them via art. The main idea is exposing the frightened, anxious child, who is used for years to his parents weakness, and therefore experienced himself as having no one to rely on, to a new situation: parents no longer react impulsively, threaten him, or trying to achieve control on him while he is being violent. The parents control themselves and learn to stand firm in front of violence without attacking back. The therapy described above can be used with all ages. Of course, when the client is an adolescent, it is more difficult and complex, for example: when a 16 year old constantly curses his mother, trying to hit her or threaten his parents by running away from home. Years of 'training' violence is behind him and his objection to the change in his parents'

position will only be natural and strong. Nevertheless, our clinical experience shows that progress will be achieved.

Conclusion

The Ramla Model combines NVR theory and methods with art therapy. It expands both by working with children and parents together in the same session. This is done in order to supply a 'resistance lab', in which conditions of practicing resistance to violence are supplied. Parents can meet with their fears and learn how to stay intact while the child watches them practice a new way of letting him overcome his anxiety and frustration on his own. Reducing the quantity and variety of art materials serves to build a firm frame around the child while working with art, thus the process of art supports the therapist in his efforts to rebuild the child's dismantled inner world.

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Biography

Irit was born in north Israel, studied art therapy and theatre studies in HaKibbutzim college and the Tel Aviv University, spending some time as a guest in the Ibsen Centre in Oslo writing about the therapeutic aspects of Ibsen plays. Since 1988, living in Kibbutz Gezer, she came across Prof. Omer's ideas whilst establishing the art therapy team in the Center of Early childhood in Ramla (a mixed town, where Arabs and Jews live quite happily together). For the last 20 years she has been supervising this growing team, working at the Early Childhood Center and in various schools and kindergartens around town, according to the Ramla model. She speaks Arabic and works with the Arab population.

References

- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. New York: Pantheon Books.
- Blank, S., & Fuchs-Shabtai, O. (2014). *Fearless Parenting Makes Confident Kids*. CA: Samuel Watchman's Sons, Inc.
- Case, C., & Dalley, T. (2014). *The handbook of art therapy*. New York: Routledge.
- Foster, M. T. (1992). Experiencing a "Creative High." *The Journal of Creative Behavior*, 26(1), 29–39. <https://doi.org/10.1002/j.2162-6057.1992.tb01154.x>
- Ginott, H. G. (1969). *Between parent and child: new solutions to old problems*. New York: Avon.
- Haiblum-Itskovitch, S., Czamanski-Cohen, J., & Galili, G. (2018). Emotional Response and Changes in Heart Rate Variability Following ArtMaking with Three Different Art Materials. *Frontiers in Psychology*, 9, 968. <https://doi.org/10.3389/fpsyg.2018.00968>
- Hinz, L. D. (2009). *Expressive therapies continuum: a framework for using art in therapy*. New York: Routledge.
- Jakob, P. (2018). Multi-stressed families, child violence and the larger system: an adaptation of the nonviolent model. *Journal of Family Therapy*, 40(1), 25–44. <https://doi.org/10.1111/1467-6427.12133>
- Kramer, E. (1971). *Art as therapy with children*. New York: Schocken Books.
- Lebowitz, E. R., Marin, C., Martino, A., Shimshoni, Y., & Silverman, W. K. (2019). Parent-Based Treatment as Efficacious as Cognitive Behavioral Therapy for Childhood Anxiety: A Randomized Noninferiority Study of Supportive Parenting for Anxious Childhood Emotions. *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://doi.org/10.1016/j.jaac.2019.02.014>
- Lebowitz, E. R., & Omer, H. (2013). *Treating childhood and adolescent anxiety: a guide for caregivers*. Hoboken: Wiley.
- Lebowitz, E. R., Omer, H., Hermes, H., & Scahill, L. (2014). Parent Training for Childhood Anxiety Disorders: The SPACE Program. *Cognitive and Behavioral Practice*, 21(4), 456–469. <https://doi.org/10.1016/J.CBPRA.2013.10.004>

- Lwow, E., & Elkayam, H. (2017). *Resetting the parental compass: The Ayeka model for raising psychologically healthy and functioning children*. Moshav Ben Shemen: Modan Publishers Ltd. (In Hebrew)
- Moon, C. H. (2010). *Materials media in art therapy: critical understanding of diverse artistic vocabulary*. New York: Routledge.
- Nahum, O. (2018). Child treatment in parallel to parental NVR training. In *the fifth International Conference on Non-Violent Resistance Interventions* (p. 33). Academic College of Tel Aviv Yaffo.
- Omer, H. (1999). *Parental presence: reclaiming a leadership role in bringing up our children*. Phoenix, AZ: Zeig, Tucker.
- Omer, H. (2001). Helping Parents Deal with Children's Acute Disciplinary Problems Without Escalation: The Principle of Nonviolent Resistance. *Family Process*, 40(1), 53-66. <https://doi.org/10.1111/j.1545-5300.2001.4010100053.x>
- Omer, H. (2004). *Nonviolent resistance: a new approach to violent and self-destructive children*. Cambridge; New York: Cambridge University Press.
- Omer, H. (2011). *The new authority: family, school, and community*. Cambridge; New York: Cambridge University Press.
- Omer, H. (2015). Helping abused parents by non-violent resistance. In A. Holt (Ed.), *Working with Adolescent Violence and Abuse Towards Parents: Approaches and Contexts for Intervention* (pp. 61–77). London, UK: Routledge.
- Omer, H., Steinmetz, S. G., Carthy, T., & von Schlippe, A. (2013). The Anchoring Function: Parental Authority and the Parent-Child Bond. *Family Process*, 52(2), 193–206. <https://doi.org/10.1111/famp.12019>
- Snir, S., & Regev, D. (2013). A dialog with five art materials: Creators share their art making experiences. *The Arts in Psychotherapy*, 40(1), 94–100. <https://doi.org/10.1016/J.AIP.2012.11.004>
- Winnicott, D. W. (1971). *Playing and reality*. New York: Basic Books.